

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV. 10/92)

Page 1 of 1

CLAIMANT'S NAME Michael Naple			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Deputy Press Secretary			CB/D NUMBER			DIVISION OR BUREAU Press Office		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY Sacramento			STATE CA			ZIP 95814		

DATE		TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
					BREAKFAST	LUNCH	DINNER					MILES	AMOUNT		
23-Feb	5:30 PM		San Jose, CA	197.05							4.00	230	102.35		303.40
													0.00		0.00
													0.00		0.00
													0.00		0.00
													0.00		0.00
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													0.00		0.00
													0.00		0.00
SUBTOTALS				197.05	0.00	0.00	0.00	0.00	0.00	0.00	4.00	230	102.35	0.00	
COLUMN CODE (ACCTG. USE ONLY)															
CLAIM TOTAL														\$303.40	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Served as press staff at eBay/Bloom Box Event where the Governor promoted jobs initiative.

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

240988

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE 4/12/10	SIGNATURE OF OFFICIAL
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SIGNATURE OF TITLE OR OFFICIAL FOR SPECIAL EXPENSES

DATE
4/20/10DATE
4/20/10